

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

January 19, 2023

[REDACTED]
KAYMARIE BRIDDELL
[REDACTED]

RE: VINE STREET MANOR
230 NORTH 65TH STREET
PHILADELPHIA, PA, 19139
LICENSE/COC#: 14234

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: VINE STREET MANOR License #: 14234 License Expiration: 12/29/2022
 Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: KAYMARIE BRIDDELL
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: Other Date: 10/09/2010 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 61 Waking Staff: 46

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 12/15/2022

Inspection Dates and Department Representative

12/15/2022 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 84 Residents Served: 57
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 45 Are 60 Years of Age or Older: 39
 Diagnosed with Mental Illness: 40 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 1

Inspections / Reviews

12/15/2022 - Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/16/2023

01/18/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: 01/19/2023
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 02/01/2023

Inspections / Reviews *(continued)*

01/19/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

Description of Violation

The home's staff training plan does not include training to include person centered language when communicating about resident's. Staff person utilized terms of [redacted] being filthy for "incontinence of feces" and used the term "pampers" when communicating about adult disposable briefs.

Plan of Correction

Accept [redacted] - 01/18/2023)

On 12/20/2022, staff member A received training on Dignity and Respect, Aging Sensitivity and Resident Abuse from Registered Nurse [redacted] and Med Tech Supervisor [redacted]. Also, the home's administrator wrote a memo to all staff members dated 12/20/2022 reminding all staff that appropriate language regarding residents and resident care must be adhered to at all times. In addition, this behavior will be directly addressed in the upcoming training session on resident rights. Starting January 16th, 2023, the home's med tech supervisor will check in with the resident council to ensure further violations do not occur.

Please see attached.

Licensee's Proposed Overall Completion Date: 01/15/2023

Implemented [redacted] - 01/19/2023)

144c1 - Smoking Area Guidelines

2. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is located outside in the smokehouse. On [redacted]-22, at [redacted] pm, the resident's were seen smoking outside the back exit door sitting on leather furniture.

Plan of Correction

Accept [redacted] - 01/18/2023)

The home's designated smoking area is defined as "Out back where seats and containers are provided, and in the smoke house." The leather furniture has been removed from the back exit door. In accordance with the smoking policy, residents are permitted to smoke out back where benches and containers are provided. Housekeeping staff members will be responsible for monitoring the smoking areas on a daily basis to ensure compliance. All housekeeping staff members have been informed of this via written memo.

Please see attached.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented [redacted] - 01/19/2023)

225c - Additional Assessment

3. Requirements

225c - Additional Assessment (continued)

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 's most recent assessment was completed on [REDACTED] 22. The staff report that resident #1, has been more resistant to care. Resident #1, has more changes in [REDACTED] mental health status in reference to mood and/or personality changes. The assessment has not been updated to address the change.

Plan of Correction

Accept ([REDACTED] 01/18/2023)

On 01/09/2023, the administrator made an updated resident assessment plan to reflect resident #1's significant changes. In the future, the home's administrator will be responsible for using Tabula Pro to update all resident's RASPs if there is a significant change in behavior. The administrator also wrote a memo instructing all staff members to report all resident changes not only in the daily staff huddles, but also directly to the Administrator. In the future, the home's administrator, with input from direct care staff members, will be responsible for making all updates and changes to resident RASPs on Tabula Pro.

Please see attached.

Licensee's Proposed Overall Completion Date: 01/15/2023

Implemented ([REDACTED] - 01/19/2023)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED]-22, indicates the resident has a need for two person assist when receiving personal care. The resident's support plan, dated [REDACTED]-22 does not document how this need will be met.

Plan of Correction

Accept ([REDACTED] - 01/18/2023)

On 01/09/2023, the administrator made an updated resident assessment plan to reflect resident #1's significant changes. The home now uses Tabula Pro to complete all resident RASPs, which will help prevent this violation from occurring in the future. Resident #1's RASP has been updated to include that all staff members will communicate about [REDACTED] care needs during the daily huddles to ensure that resident #1's needs are being met. The home's med tech supervisor will be responsible for communicating the needs of residents to staff, specifically residents in need of extra assistance whether short term or long term. Vine Street Manor's in-home physician will be coming to the home on or January 30, 2023 to re-evaluate resident #1.

Please see attached.

Licensee's Proposed Overall Completion Date: 01/15/2023

Implemented ([REDACTED] - 01/19/2023)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED]-22. However, the resident did not sign the support plan.

Plan of Correction**Accept [REDACTED] - 01/18/2023)**

On 01/09/2023, the administrator made an updated resident assessment plan to reflect resident #1's significant changes. Resident #1 has signed the new RASP completed on 1/9/2023. The home now uses Tabula Pro to complete all resident RASPs, which will help prevent this violation from occurring in the future. The home's administrator will be responsible for ensuring all RASPs are complete and signed by all participants. The home's benefits director will review Tabula Pro on a daily basis.

Please see attached.

Licensee's Proposed Overall Completion Date: 01/15/2023**Implemented [REDACTED] 01/19/2023)**
